

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-022743

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

FILED JUN 18 1962

3021

412

VS 300  
Rev. 4/59

10400

204052

3

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12

13

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY

Grundy

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Trenton

Length of stay in 1b

17 years.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTIONAuto wreck 1 mi. E. Trenton  
DOA at Wright Hosp.

Inside Limits

Yes ☐ No ☒

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Grundy

Inside Limits

Yes ☒ No ☐

c. CITY

OR TOWN

Trenton

d. STREET ADDRESS

(If outside, give location)  
2062 E. 8th St.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Doris

Middle

Lee

Last

Stottlenmyer

4. DATE OF DEATH

Month

Day

Year

June

10

1962

## 5. SEX

female

## 6. COLOR OR RACE

white

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

9/9/1909

## 9. AGE (last birthday)

52

## IF UNDER 1 YEAR

Months Days Hours Min.

## IF UNDER 24 HR

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Mutts Bakery

## 10b. KIND OF BUSINESS OR INDUSTRY

Baking

## 11. BIRTHPLACE (City and state or country)

Grundy Co. Mo.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

IRVIN Rhea

## 13b. MOTHER'S MAIDEN NAME

Ellen Kingcade

## 14. NAME OF HUSBAND OR WIFE

G. Floyd Stottlenmyer

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 17. INFORMANT

Leland Stottlenmyer Chillicothe, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Fracture of skull and fracture of

cervical Vertabrae

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

☒

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Automobile accident

## 20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

## 20d. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☒

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Public Highway, U.S. 65

## 20f. CITY, TOWN, OR LOCATION

Grundy County, Missouri

## COUNTY

## STATE

## 21. I attended the deceased from

June 10

to XXXXXXXXXXXX

and last saw her alive on XXXXXXXXXXXX

Death occurred at

1:50

a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22. SIGNATURE

Doris Stottlenmyer

## (Degree or title)

County Coroner

## 22b. ADDRESS

Trenton, Missouri

## 22c. DATE SIGNED

6-11-62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

6/13/1962

## 23c. NAME OF CEMETERY OR CREMATORY

Resthaven Memorial Garden

## 23d. LOCATION (City, town, or county)

Trenton, Mo.

## (State)

## 24. FUNERAL DIRECTOR

J. Gordon Blackmore Trenton, Mo.

## ADDRESS

## 25. DATE RECD. BY LOCAL REG.

6-12-62

## 26. REGISTRAR'S SIGNATURE

Frene Jar

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

JUN 19 1962

MAY 16 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Claude B. Crandall Jr.

Licensed Embalmer No. 4986

P. O. Address Levitt, Miss.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.